

CERTIFICATE OF ASSUMED NAME – LIMITED PARTNERSHIP

In accordance with § 59.1-69 of the *Code of Virginia*, 1950, as amended, I hereby certify that I am an officer in the limited partnership listed below and that the LP is conducting business in the Commonwealth of Virginia under an assumed or fictitious name as follows:

LP Name: _____

Fictitious Name: _____

Business Address: _____

(City, State & Zip)

Given under my hand this _____ day of _____, _____.

Officer Name (please print)

Officer Name (please print)

Officer Signature / Title

Officer Signature / Title

Address

Address

City State Zip

City State Zip

For foreign LPs only: It is further certified that the limited partnership was authorized to transact business in the Commonwealth of Virginia on the following date: _____

NOTARY PUBLIC / CHESTERFIELD COUNTY CIRCUIT COURT CLERK USE ONLY

Commonwealth/State of _____

City/County of _____

Subscribed and sworn to/affirmed before me on this date by the above-named person(s).

Date

☐ CLERK ☐ DEPUTY CLERK

☐ NOTARY PUBLIC

My Commission Expires: _____

Notary Registration Number: _____

VIRGINIA:

In the Clerk's Office of the Circuit Court of the County of Chesterfield, the _____ day of _____, _____, this certificate was presented and admitted to record at _____ o'clock ____ M.

Teste: Judy L. Worthington, Clerk

By: _____, Deputy Clerk